PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of manitenance fees will be mailed to the current correspondence address as a content below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "EE ADDRESS for maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

02/28/2011

EDWIN D. SCHINDLER 4 HIGH OAKS COURT

60333

P.O. BOX 4259 HUNTINGTON, NY 11743-0777 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Feeds (7 transmittatis is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being fassimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's nam (Signatur (Det

ATTORNEY DOCKET NO. CONFIRMATION NO FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 9071 Josef Felber 08/21/2006 10/598 008

TITLE OF INVENTION: FLIP-TOP CLOSURE FOR COMPOSITE AND CARDBOARD PACKAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUH FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/31/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS			
VOLZ, ELIZABETH J		3781	220-259200			*
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.503). Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached. JFee Address" indigation (or "Fee Address" Indication form PTO/SB147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is stord, no name will be printed.		or a 2	. Schindler
A ACCUSANCE A LAME A NID DIVELDENCE DATA TO BE REDITED ON THE PATENT (print or type)						

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

SIG Technology Ltd.

Neuhausen Am Rheinfall, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🛄 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

MAcheck is enclosed: EFT via EFS-WEB Issue Fee Payment by credit card. Form PTO-2038 is attached.

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0450 (enclose an extra copy of this form).

United States Patent and Tracemark Office nterest as shown by the record

Zdiejy Dole Authorized Signature

Typed or printed name

Edwin D. Schindler

Date March 25, 2011 Registration No. 31,459

This collection of information is required by 37 CFR 1311. The information is required to obtain or retain a benefit by the patie, which is to file fand by the USPT On process an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to a complete, enabling gatheric, e

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.